



3753/4

AMENDMENT TRANSMITTAL LETTER LNC form				Docket No. 57030.US		
Application No. 10/020,011	Filing Date 12/13/2001	Examiner Ciric, LJiljana V	Group Art Unit 3753			
Invention Title Rethermalization System and Method						
TO THE ASSISTANT COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. <input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed. <input type="checkbox"/> No additional fee is required. <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
CLAIMS AS AMENDED (1) (2) (3)						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	* 22	minus	** 20	2	x \$18	\$ 36
INDEPENDENT CLAIMS	* 10	minus	*** 8	2	x \$86	172
MULT. DEPENDENT CLAIM ADDED					\$290	
					TOTAL	\$ 208
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	\$
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for in THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for in THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$208 to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>						
 Robert O. Fox, Reg. No. 34,165						

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*** CERTIFICATE OF MAILING ***

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on January 6, 2004
Date

Robert O. Fox